



Indiana
Department
of
Health

INDIANA STATE TRAUMA CARE COMMITTEE

November 19, 2021

Email questions to: indianatrauma@isdh.in.gov

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Housekeeping

- This meeting was public noticed – anyone can attend.
- Submit questions in the chat box or you can unmute your computer.
- **Please** make sure you are on mute if you are not speaking.

Introduction and approval of meeting minutes

Lindsay Weaver, M.D., FACEP
Chief Medical Officer

ISTCC Member List

Role/Representing	Member	Representing
Chair	Kristina Box, MD	IDOH
Vice Chair	Stephen Cox	IDHS
Level III Trauma Center Physician	Luis Benavente, MD	Elkhart General Hospital
Level I Trauma Center Physician	Erik Streib, MD	Eskenazi Health
Level I Trauma Center Physician	Peter M. Hammer, MD	IU Health – Methodist Hospital
Level I Trauma Center Physician	Matthew Landman, MD	IU Health - Riley Hospital for Children
Level I Trauma Center Physician	Lewis E. Jacobson, MD	Ascension St. Vincent Indianapolis Hospital
Level II Trauma Center Physician	Jay Woodland, MD	Deaconess Hospital
Level II Trauma Center Physician	Keith Clancy, MD	Lutheran Hospital
Level II Trauma Center Physician	Scott Thomas, MD	Memorial Hospital of South Bend
Level II Trauma Center Physician	Raymond Cava, MD	Parkview Regional Medical Center
Level II Trauma Center Physician	Kevin McConnell, MD	Ascension St. Vincent Evansville Hospital
Level III Trauma Center Physician	Rong Yang, MD	Good Samaritan Hospital
Level III Trauma Center Physician	Ruban Nirmalan, MD	IU Health Arnett
Level III Trauma Center Physician	Mark Saleem, MD	IU Health Ball Memorial
Level III Trauma Center Physician	Joseph Baer, MD	Ascension St. Vincent Anderson Regional Hospital
Emergency Medicine Physician	Chris Hartman, MD	Franciscan Health - Indianapolis
Emergency Medical Services for Children	Elizabeth Weinstein, MD	Indiana Emergency Medical Services for Children
Emergency Medical Services Provider	Ryan E. Williams, RN, BSN, EMT-P	Reid Health
Fire Rescue Services Representative	Douglas Randell, Division Chief of EMS	Plainfield Fire Territory
Nurse	Kelly Blanton, RN	Ascension St. Vincent Indianapolis Hospital
Nurse	Lisa Hollister, RN	Parkview Regional Medical Center
Physician – Rural	David J. Welsh, MD	General Surgeon
Physician – Gary	Michael A. McGee, MD	Methodist Hospital Northlake (Gary)
IHA Representative	Andrew VanZee	Indiana Hospital Association
Ex-Officio	Tony Murray	Professional Fire Fighters' Union of Indiana

Division Updates

Brian Busching, MPH
Director Trauma and Injury Prevention

**This
meeting
has been
public
noticed**

ISTCC 2022 meetings

- Cadence update for 2022 –
 - Plan to meet every other month
 - Meeting dates to be sent
- Planning to continue with a remote option

Division Updates

- Staffing transitions
- Grant continuations – OD2A, NVDRS, FR-CARA
- Contracts

Division Staff Updates

Maria Cariaso – Injury Prevention
Program Coordinator (started
10/25)

Vacancy – Injury Prevention
Epidemiologist

Vacancy – Drug Overdose
Prevention Epidemiologist

Fall Division interns:

- Jocelyn Grinder
 - Trauma & Injury Prevention Program
- Jada Burton
 - Naloxone Program
- Sara Rivera
 - Drug Overdose Prevention Program
- Chantal Lompo
 - Indiana Violent Death Reporting System (INVDRS) Program

Grants

- Awarded First Responder Comprehensive Addiction Recovery Act (FR CARA)
 - \$800,000/year (4 years)
- Submitting to National Highway Traffic Safety Administration (NHTSA)
 - Partnership with ICJI to support Data Integration and Trauma Registry
 - ~250,000k

Stroke Center List Reminder

- **IC 16-31-2-9.5**

- Compile & maintain a list of Indiana hospitals that are stroke certified including network participating hospitals.
- What to provide to IDOH:
 - What level of stroke certification (Comprehensive Stroke Center, Thrombectomy-Capable Stroke Center, Primary Stroke Center, or [Acute] Stroke-Ready Hospital),
 - Name of the certifying entity, and
 - Provide proof of certification by including a copy of the stroke center certification and the date the certification is set to expire.
 - Network participating hospitals must provide their written stroke-specific transfer agreements.
- <https://www.in.gov/health/trauma-system/indiana-stroke-centers/>

Stroke Centers needing updates

ASV-Kokomo

Community Hospital Munster

IU Health Ball Memorial (verification window 8/24 to 11/11)

Kosciusko Community Hospital (awaiting on cert. visit)

Memorial Hospital of South Bend (visit 8/1/21)

St. Catherine Hospital

St. Mary Medical Center (visit 11/2/21)

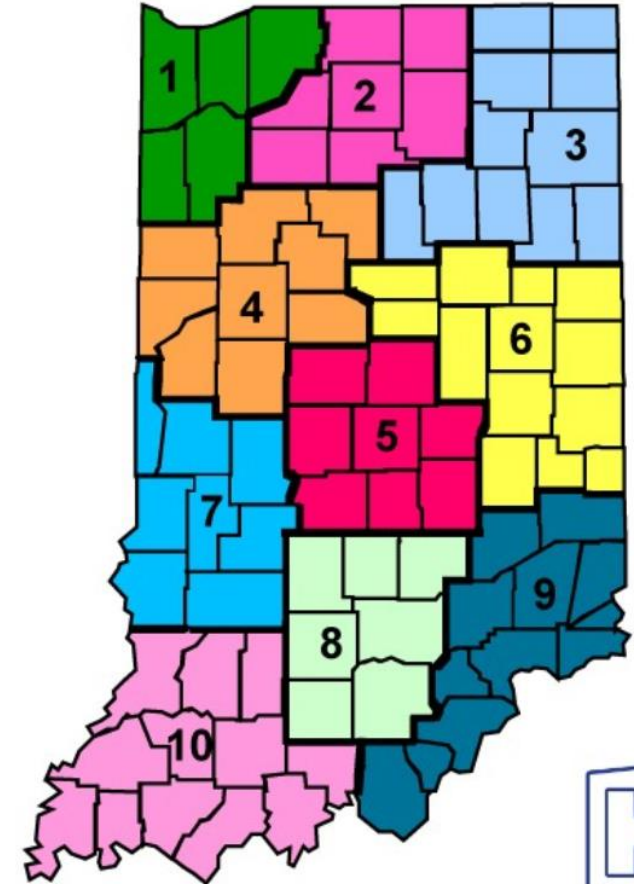
REMINDER - Trauma Registry Reporting

- Hospital staff changes
 - Please communicate key personnel staff updates to IDOH Registry Coordinator
 - **Emma Heltzel, Registry Coordinator**
Division of Trauma and Injury Prevention
EHeltzel@isdh.in.gov
317-234-3265
- Trauma Registry Training Resources
 - Step x Step guides on proper completion of incident
 - <https://www.in.gov/health/trauma-system/trauma-registry/indiana-trauma-registry-training-materials/>

Regional Updates

Regional Updates

- District 1 (Update-verbal)
- District 2 (Update-verbal)
- District 3 (Update-verbal)
- District 4 (Update-slide)
- District 5 (**No Update**)
- District 6 (Update-verbal)
- District 7 (**No Update**)
- District 8 (**No Update**)
- District 9 (**No Update**)
- District 10 (Update-slide)



District 4

- District 4 is in the planning stages for their pediatric surge tabletop exercise on January 13, 2022.
- The D4 trauma centers will also participate in an after-action conference for the June 11, 2021, Greyhound bus accident with Tippecanoe County EMA and responding agencies on a yet-to-be-determined date.
- The D4 Healthcare Coalition continues with virtual meetings every other month and holds conference calls every other week with the hospitals to support their COVID response and improve situational awareness.

District 10

- D10 had their meeting on 10/28.
- They continue to look at the district's transfer times and attempt to identify trends, specifically looking at the critical patients and what can be done to reduce the time to transfer.
- They also discussed Deaconess Hospital's recent ACS virtual site visit and gave tips on preparation for future visits.



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PI SUBCOMMITTEE UPDATE

Dr. Peter Hammer

2021 Goals

- Decrease ED LOS for critical patients at non-trauma centers
- Increase trauma registry quiz participation
- Collect hospital level variables
- Continued EMS run sheet collection

Reevaluate PI Mission, Vision and Goals

ACS recommendations for PI

- System-wide evaluation and quality assurance → **Done**
 - Create a performance improvement (PI) subcommittee of the Trauma System Advisory Task Force (TSATF) to develop a trauma system performance improvement plan
- Created PI subcommittee and PI plan in 2013 → **Done**
- Develop a PI process template as a resource tool for all trauma centers and participating hospitals → **Have not done**
- Standardize a subset of trauma PI activities for each trauma center and participating hospital → **Have not done**
- Implement regional PI processes that feed into the statewide trauma PI processes
 - D10 → established
 - D1, D2, D3, D5, D6, D7 , D8 , and D9

2022 PI Goals

- Decrease ED LOS for critical patients at non-trauma centers
- Reestablish and promote monthly trauma quizzes to increase understanding on the Indiana data dictionary and trauma registry. Collect hospital level variables
- Continued EMS run sheet collection
- **Work with District leadership for PI process development**
- **Develop data validation protocol**

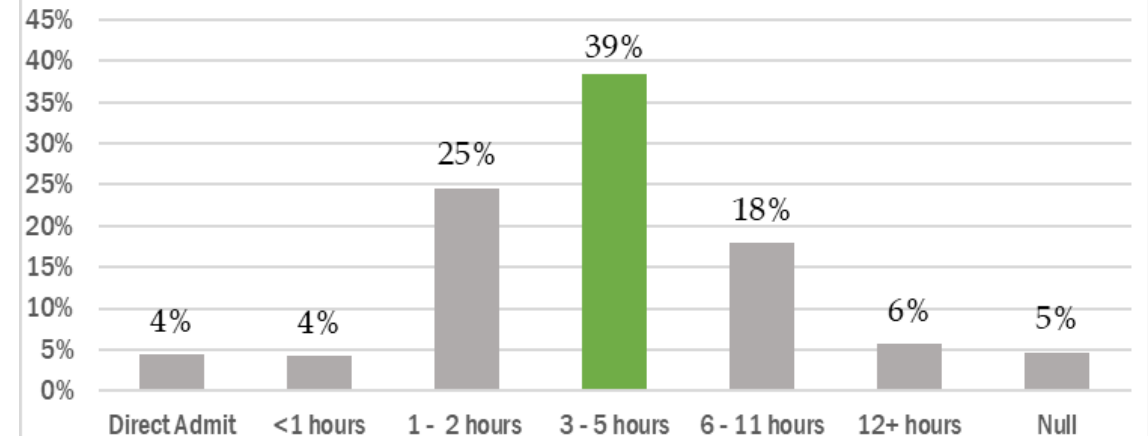
List of hospital not reporting for Q2 2021

- Adams Memorial Hospital
- Ascension St. Vincent - Kokomo
- Ascension St. Vincent- Noblesville (Neighborhood Hospital)
- Ascension St. Vincent Randolph
- Decatur County Memorial Hospital
- Franciscan Health Crawfordsville
- Franciscan Health Dyer
- Franciscan Health Hammond
- Franciscan Health Munster
- Goshen Hospital
- Greene County General Hospital
- Harrison County
- Northwest Health La Porte
- St. Mary Medical Center-Hobart
- Union Hospital Clinton

Q2 2021

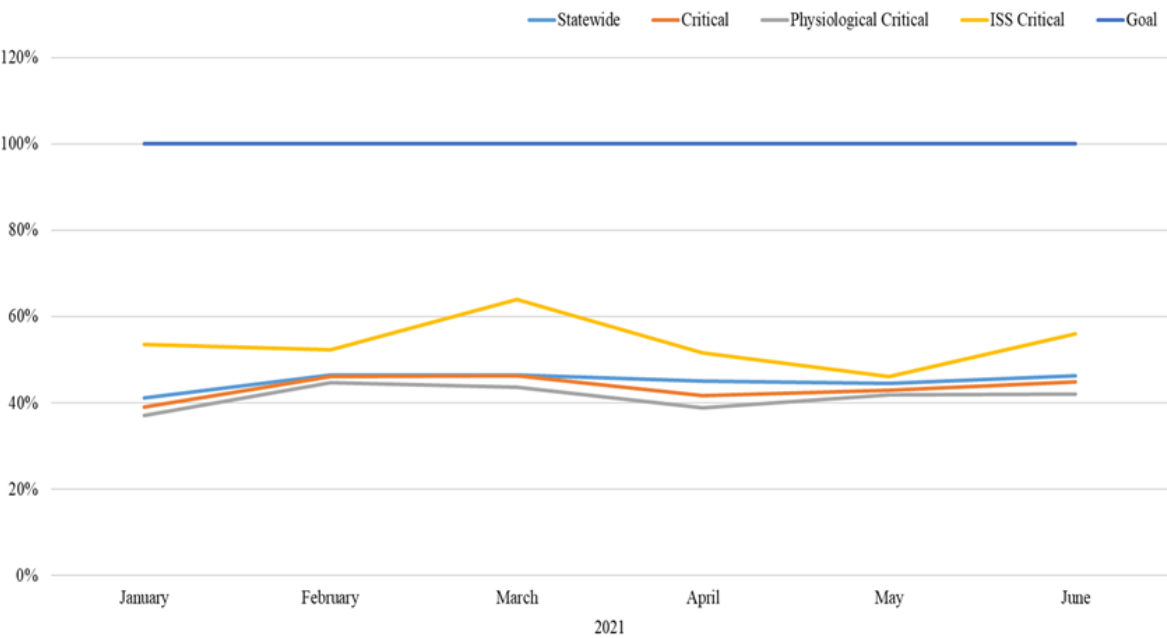
- 111 Hospitals reported
- 10,988 cases
 - LV I & II = 4311
 - LV III = 2143
 - NTC = 4534
- 447 review cases
 - No ED admit/discharge date/time
 - Already emailed hospitals the list of cases that need to be review

ED Length of Stay - Physical Exits

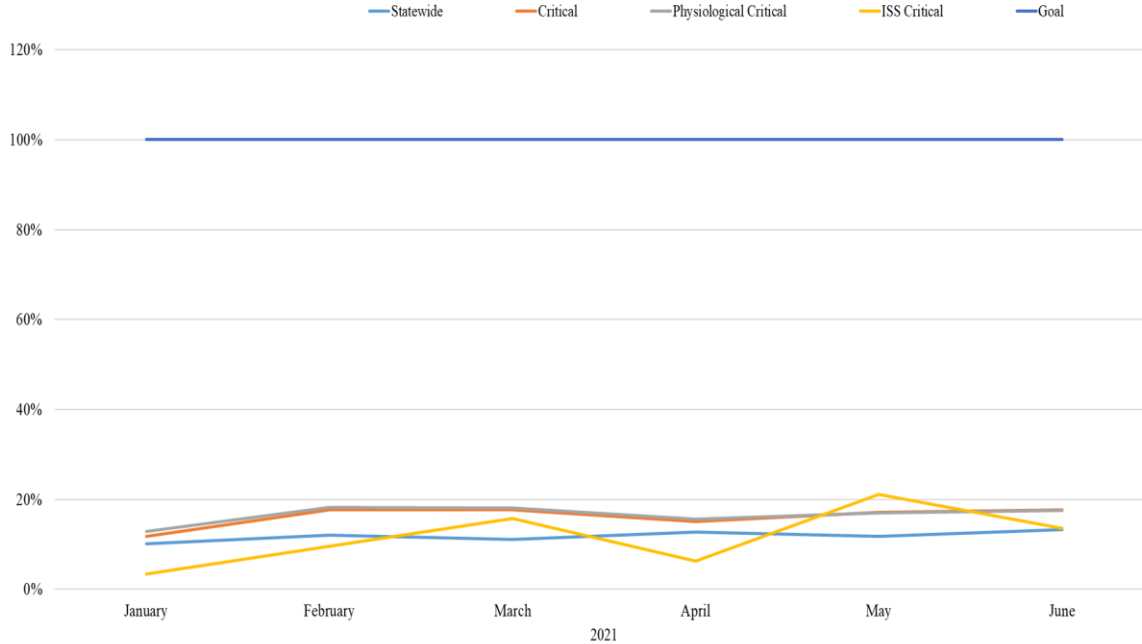


ED Length of Stay – NTC only

Half of patients are transferred from the ED < 2 hours from non trauma centers



Fewer than half of patients are transferred from the ED < 2 hours from non trauma centers.



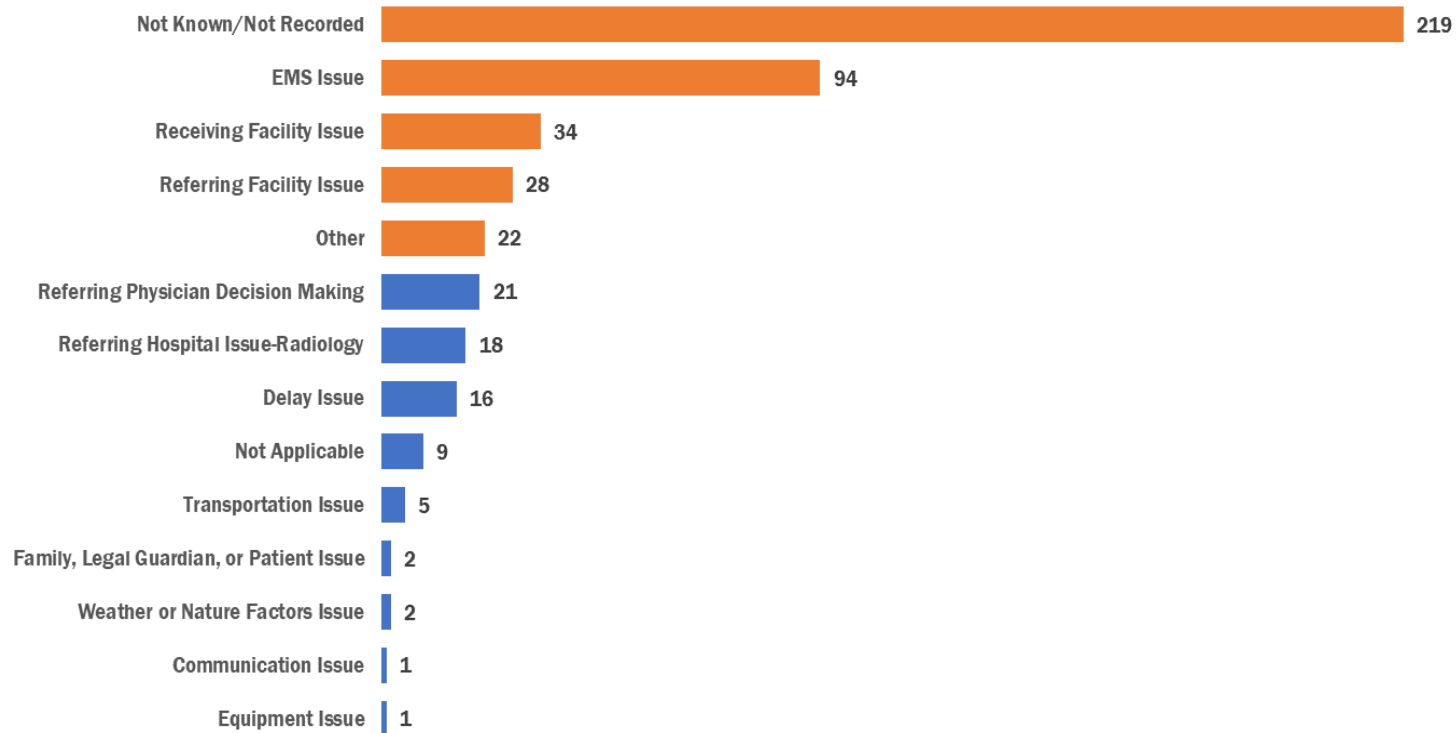
*Critical patient is defined as having a GCS ≤ 12 , OR Shock Index > 0.9 OR ISS > 15 at the initial hospital.
**Physiological Critical Transfer patient is defined as having a Shock Index > 0.9 OR GCS ≤ 12 at the initial hospital.
***ISS Critical Transfer patient is defined as having an ISS > 15 at the initial hospital

Transfer Delay

Transferred to another facility = 2200

- NTC = 1695
 - Transfer Delay
 - Yes = 472

Transfer Delay Reasons



Letters – Q1 & Q2

Q1

- 68 sent out
- 17 received
 - Reasons for delay included mostly EMS delay and receiving facility bed availability,

Q2

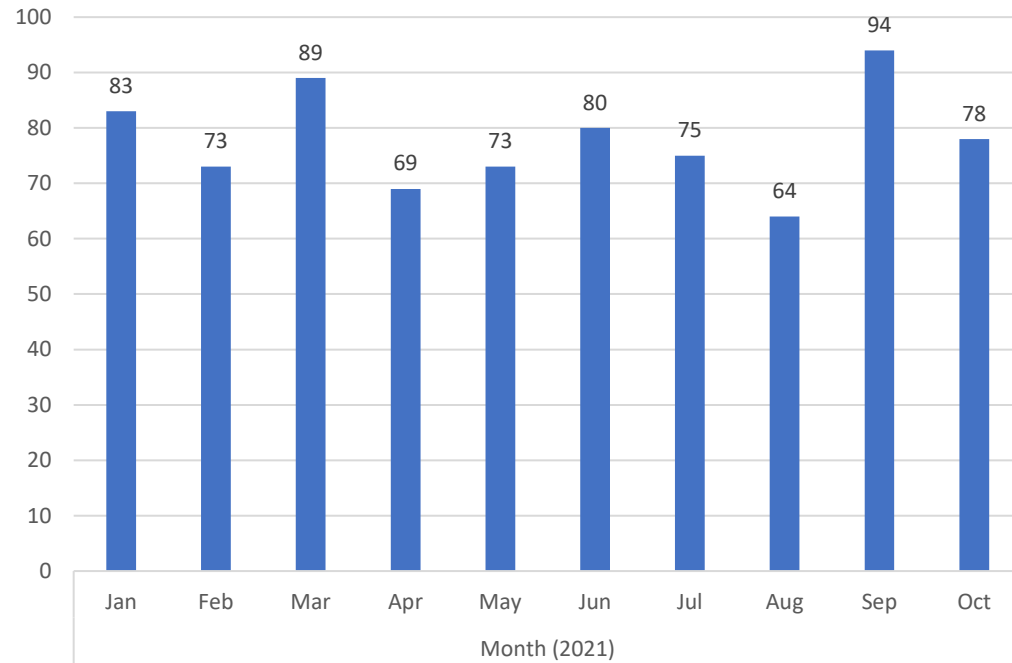
- 14 sent out
- 5 received (as of 11/15)
 - Reasons for delay included mostly clerical errors and receiving facility bed availability.

Increase Trauma Registry Quiz Participation

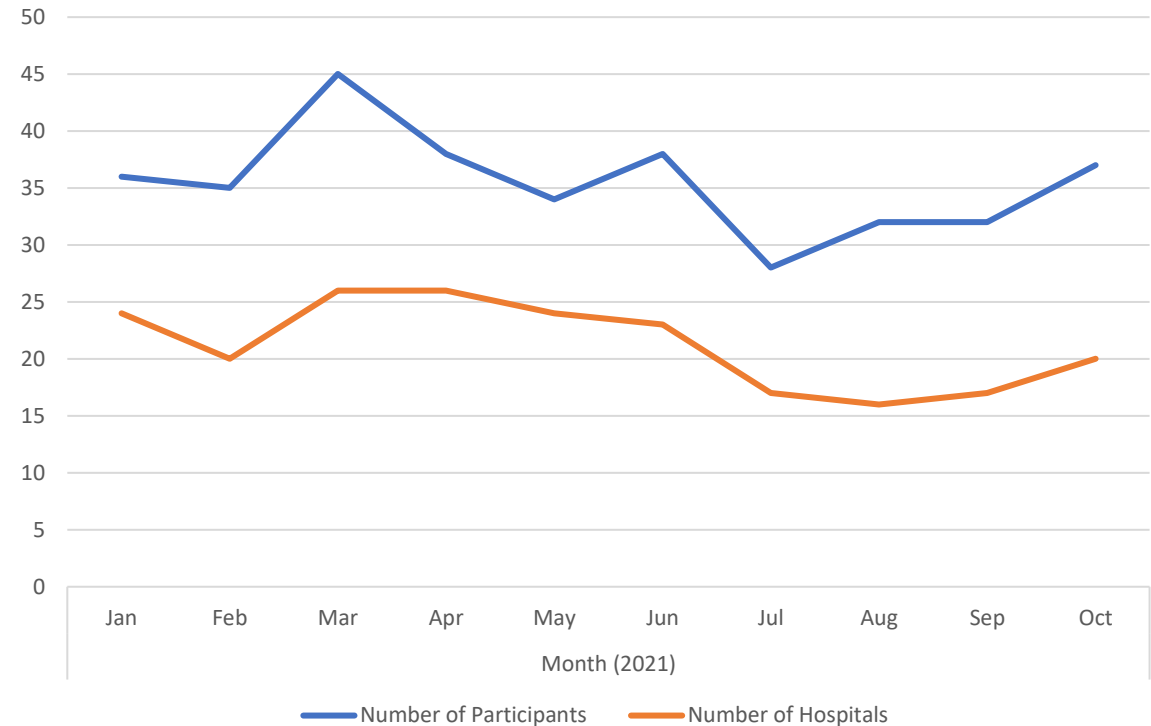
- **Steps taken to increase participation**
 - Update mailing list
 - July 2021
 - Have a more substantial review process for questions
 - Provide rationale for answers that can be available while taking the quiz
 - Rationale provided immediately after incorrect answer to improve learning aspect

Trauma Registry Quiz Participation

Percentage of Correct Answers



Hospital and Individual Participation



2022 Data Dictionary

- **Retired Elements**
 - Extremity Compartment Syndrome (Hospital Event)
 - Lowest ED/Hospital Systolic Blood Pressure (TR 40.22)
- **GCS/GCS40**
 - Collecting both GCS/GCS40 as long as facility keeps consistent for each patient from admission to discharge
 - Note added to the bottom of every GCS/GCS40 page in data dictionary
- **Other changes**
 - Definition changes
 - Mostly clarifying what is considered a hospital event
 - NTDS Patient Inclusion Criteria
 - Exclude In-house traumas



2022 Microsoft Teams Meeting Dates

- ☐ January 18
- ☐ March 15
- ☐ May 17
- ☐ July 12
- ☐ September 13
- ☐ November 15

American College of Surgeons-COT updates

Scott Thomas, MD, FACS, *Beacon Health Systems/Memorial Hospital of South Bend*



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Indiana State Trauma Care Committee

Scott G. Thomas, MD FACS
Indiana State Chair
American College of Surgeons Committee on Trauma

November 19, 2021



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National Trauma System

Trauma Systems Committee

October 20th, 2021

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National Trauma System



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- Cross pillar project on the development of a national trauma and emergency preparedness system has been initiated
- Concept development phase
- Requires socialization with key partners, organizations and key stakeholders

Where are we now?

- Orange Book: 387 standards
- New Book: 112 standards



First verification visit on new standards September 2023

Virtual Verification Site Visits

- 226 visits scheduled between March and December 2021
- Continue to refine the process
- Positive experience from the centers' perspective
- Please provide feedback
 - Hospitals site visit evaluation survey
 - Reviewer site visits evaluation survey
 - Email COTVRC@facs.org



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Trauma System Consultation White Book

Trauma Systems Committee

October 20th, 2021

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Revision of 2008 *Trauma Systems Consultation Guide* (White Book)

REC



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- Workgroups have completed drafts of their White Book sections
- Some groups begun drafting metrics and PRQ questions
- Updated timeline for completion of the full book is as follows:
 - Current- staff/surgeon leadership review and edit for consistency in language, content, messaging, and formatting
 - November- Steering Committee meeting
 - December-March- Refining content and continue drafting metrics and PRQ questions
 - April 2022- estimated ACS COT Exec review narrative content



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Virtual Consultation Program

Trauma Systems Committee

October 20th, 2021



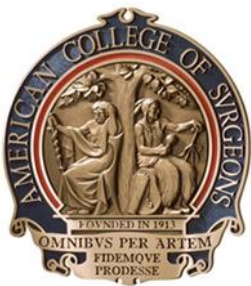


Virtual Consultation Program



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- Offers safe, flexible option for consultations when in person meetings are not possible or constraints exist
- Piloted with the VRC program, with positive feedback
- Format accounts for larger stakeholder, individual/small group and review team meetings
- More in-depth information gathering during the first phase of the consultation prior to start of meetings



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Consultation Follow-up Program

Trauma Systems Committee

October 20th, 2021



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Consultation follow-up program work group

- Consultation follow-up program for group is being reviewed through the COT
- Goals of this program include:
 - Determining the utility of consultation report recommendations
 - Monitoring trauma system development throughout the country
 - Engaging in ongoing dialogue with state and regional trauma system leadership
 - Codify return on investment of trauma systems consultation for trauma systems

Field Triage Guidelines (FTG)



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National Guideline for the Field Triage of Injured Patients	
Injury Patterns	Mental Status & Vital Signs
RED CRITERIA <i>High Risk for Severe Injury</i>	All Patients
	Pediatric (< 10 years) 
	Adult (10-64 years)
	Geriatric (> 64 years) 
<i>Patients meeting any one of the above RED criteria should be transported to the highest level trauma center available within the geographic constraints of the regional trauma system*</i>	
YELLOW CRITERIA <i>Moderate Risk for Severe Injury</i>	Mechanism of Injury
	EMS Judgment
<i>Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest level trauma center)</i>	



Prehospital Hemorrhage Control & Treatment

- Currently in 8th revision
- Presented at upcoming EMS Committee Meeting
- COT, NAEMSP, NAEMT, ACEP
- Topics
 - Stop the Bleed
 - Tourniquet Conversion
 - Prehospital Blood Administration



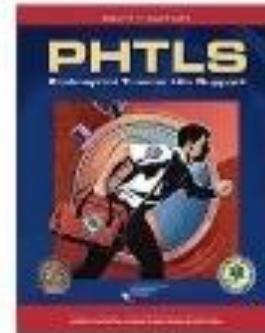
Cherisse Berry, MD, FACS
FTL

Partnerships

- NREMT Continued Competency
- PHTLS Revisions
 - Joint effort of EMS and ATLS Committee
 - Deb Stein, Jay Doucet, Britani Hill
- AAMS ETHOS
 - Babak Sarani
 - *The Emergency Transport Healthcare Operations and Safety (ETHOS) Database is an up-to-date, comprehensive, and crowd-sourced geodatabase of medical transport operations in the United States.*



National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™



Light Standards, Best Practices



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Stop the Bleed : Program Update



Current status of Stop the Bleed® training

As of 9/30/21

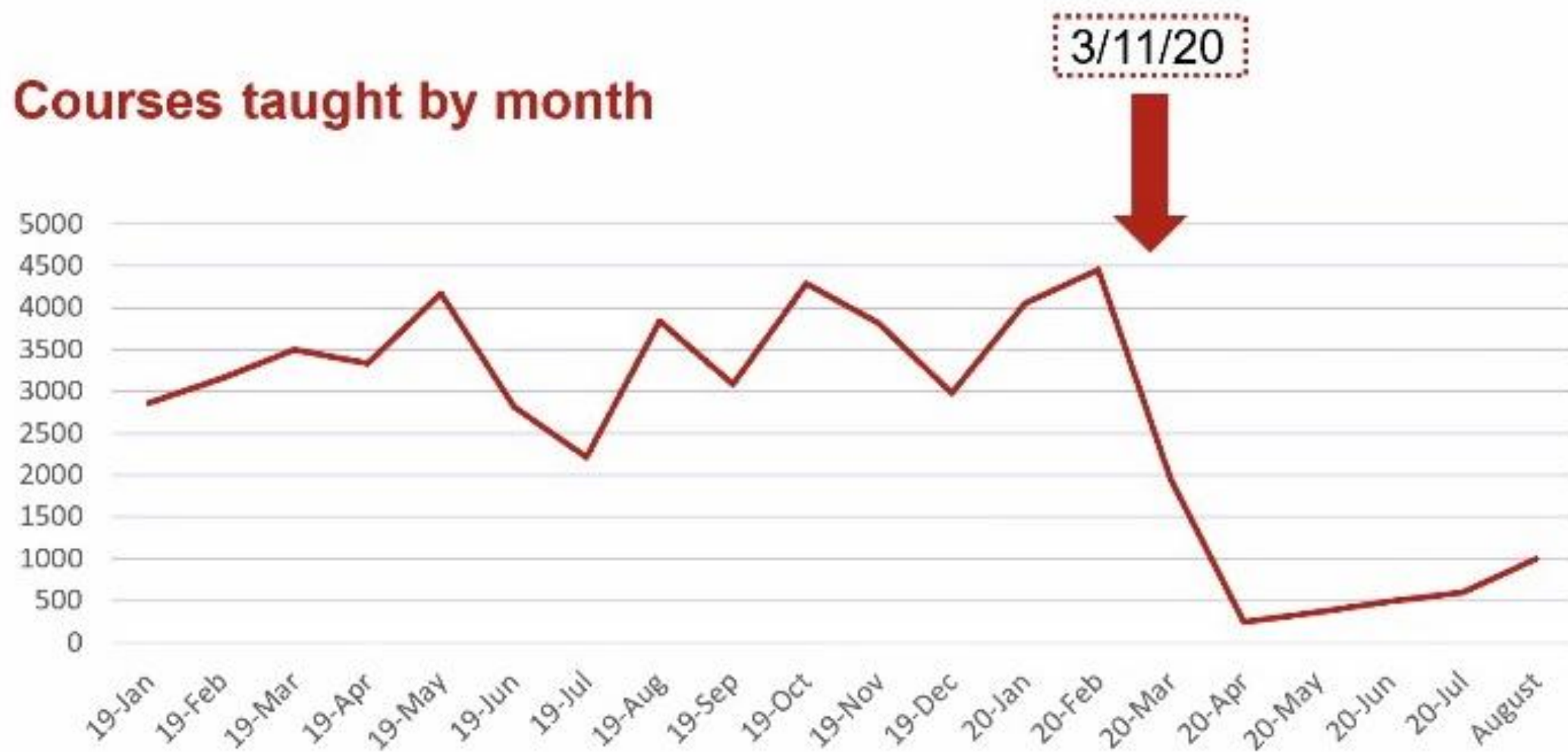
- 95,638 instructors trained
 - 86,840 US
 - 129 Countries
 - 9 languages

1,796,531 Students trained



Stop the Bleed® in the COVID era

Courses taught by month



Stop the Bleed[®] in the COVID era

Why should we resume STB courses

- Life-saving message
- Can be done safely
- Avoid losing worldwide momentum
- Advocacy



Now three available course formats

- Live, In-person
- Virtual
 - Didactic
 - Skills
- Interactive



SAVE A LIFE



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*Inspiring Quality:
Highest Standards, Better Outcomes*



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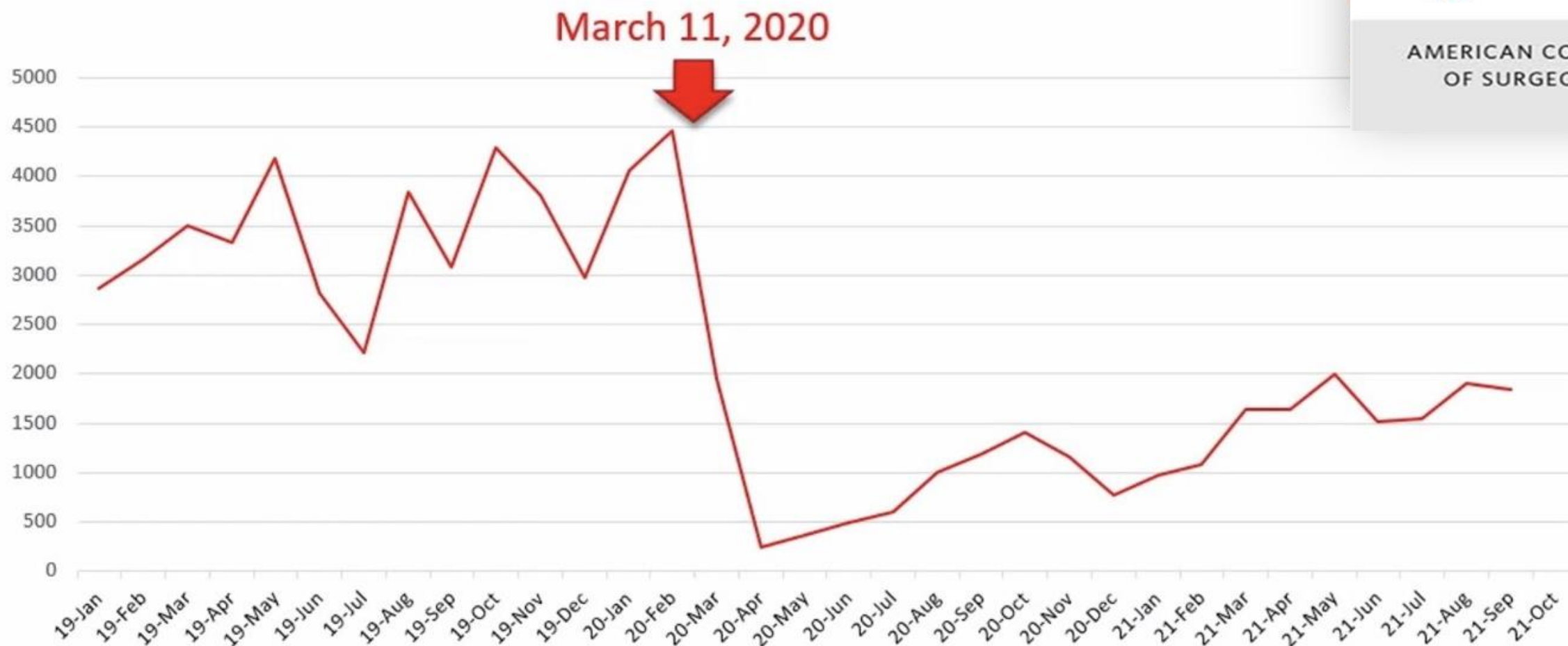


Evidence of recovery



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So what now?



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Next steps:

- Get STB going again!
- Make sure that STB message is consistent across ACS platforms
- Seek out opportunities for exponential growth
 - Adoption by large organizations
 - Expanded partnerships



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Highest Standards. Better Outcomes.*

100+ years

Organizations adopting STB



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Organizations adopting STB



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SAFE CHICAGO



SAFE CHICAGO is a new public safety program launched by OEMC in partnership with the Chicago Fire Department, Chicago Police Department, and Assets and Information Services.

MISSION Safe Chicago's mission is to improve the safety of municipal employees by making life-saving bleeding control equipment and training readily available in the workplace for anyone to use in the event of an emergency.

THE PROGRAM Bleeding control kits will be installed at every occupied, City-owned or leased facility and when used can bridge the gap between initial life-threatening injury and EMS arrival. For additional details, visit Chicago.gov/OEMC or stopthebleed.org



BLEEDING CONTROL KITS One wall-mounted kit is designed to treat 8 victims before EMS arrives. Each kit includes a tourniquet, combat gauze, trauma shears, gloves, blanket, marker, and an instruction manual.

Life-threatening bleeding emergencies can be the result of falls, penetrating injuries, gunshot wounds, and more. Knowing how to control bleeding from a serious injury is essential knowledge to keep you and those around you safe.

Quick Tips for Controlling Bleeding from a Limb:

1. Call 911, ensure scene safety, don PPE
2. Place tourniquet 2-3 inches above patients bleeding site
3. Tighten tourniquet until the bleeding stops
4. Mark time tourniquet was applied and stay with patient until help arrives
5. NEVER take off a tourniquet once applied



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^ pause to reflect.....

- First ACS public-facing program
- Significant commitment by ACS to support STB
- STB presence in **129 countries**
 - 2/3 of the world
 - McDonald's in 120 countries.....



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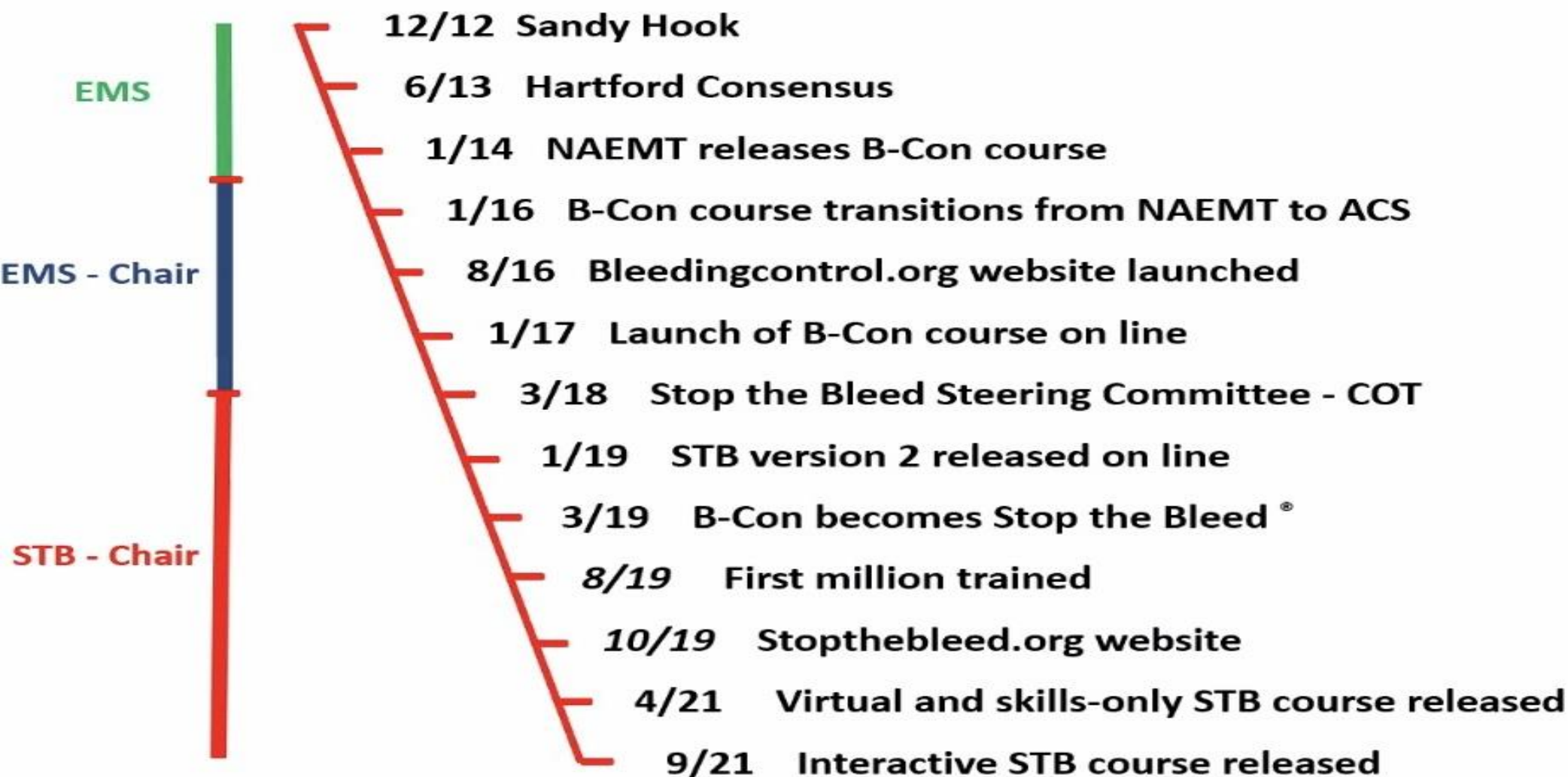
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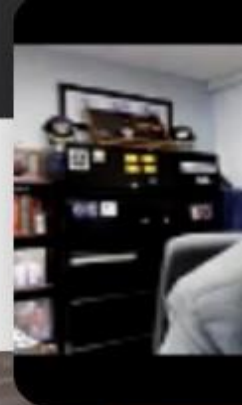
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Highest Standards, Better Outcomes*

100+ years

Stop the Bleed – Personal reflections



Institutional commitment to STB



Countless recognition events = Lives impacted



What can you do?

- Resume teaching STB
- Continue efforts to get bleeding control kits into public places and private homes
- Be an advocate



The only thing more tragic than a death...
is a death that **could have been prevented.**

STOPTHEBLEED.ORG



Indiana
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GOVERNOR'S PUBLIC HEALTH COMMISSION

KRISTINA M. BOX, MD, FACOG
STATE HEALTH COMMISSIONER

November 19, 2021

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.





The Case for Public Health

Public Health vs. Health Care

Health care or clinical care refers to treating injuries or disease with the goal of restoring people to wellness.

Public health has an upstream focus to prevent illness and injury and premature deaths and treat communicable diseases and prevent their spread.

Ten Great Achievements in Public Health



**Control of
Infectious Diseases**



**Family
Planning**



**Healthier Mothers
and Babies**



**Motor Vehicle
Safety**



**Tobacco as a
Health Hazard**



**Declines in deaths from
heart disease and stroke**



**Fluoridation of
Drinking Water**



Immunizations



**Safer and
Healthier Foods**



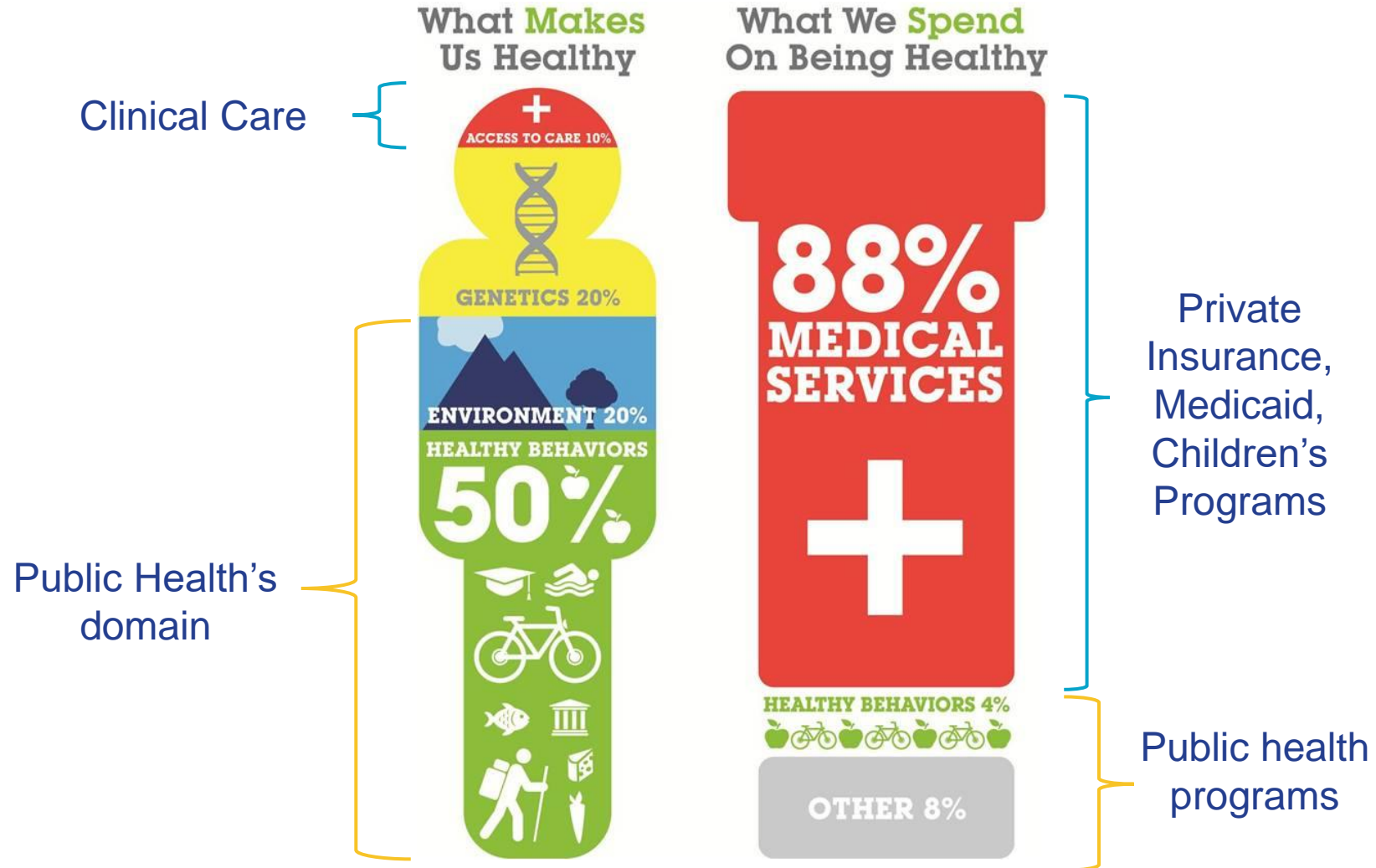
**Workplace
Safety**



Public Health and Health Outcomes

To drive down the costs of health care, investments in public health must be made – this is where the greatest effect of interventions lies.

A holistic restructuring of public health will ensure resources are consistent and efficient.



Cost of Poor Health in Indiana

Obesity: accounts for more than \$3.5 billion in medical costs in Indiana yearly.

- Chronic disease
 - **\$53.3 Billion** – indirect cost **including lost productivity** of major chronic diseases
 - **\$22.4 Billion** – direct cost of major chronic diseases
 - **\$75.5 Billion** - total direct and indirect cost of major chronic disease
- Smoking
 - Nearly \$3 billion in annual health care costs, including \$590 million in Medicaid costs
 - Indiana taxpayers pay over \$900 per household in smoking-caused expenditures
 - Smoking during pregnancy resulted in an estimated \$3.37 million in healthcare costs in 2019

Cervical cancer: More than \$54 million in estimated direct healthcare costs

U.S. News and World Report 2021

Best States Ranking, Indiana ranks 32nd

Achievements

Affordability	#6
Opportunity	#7
Pre-K through 12 th grade	#9
Growth of the economy	#19
Public safety	#25

Opportunities

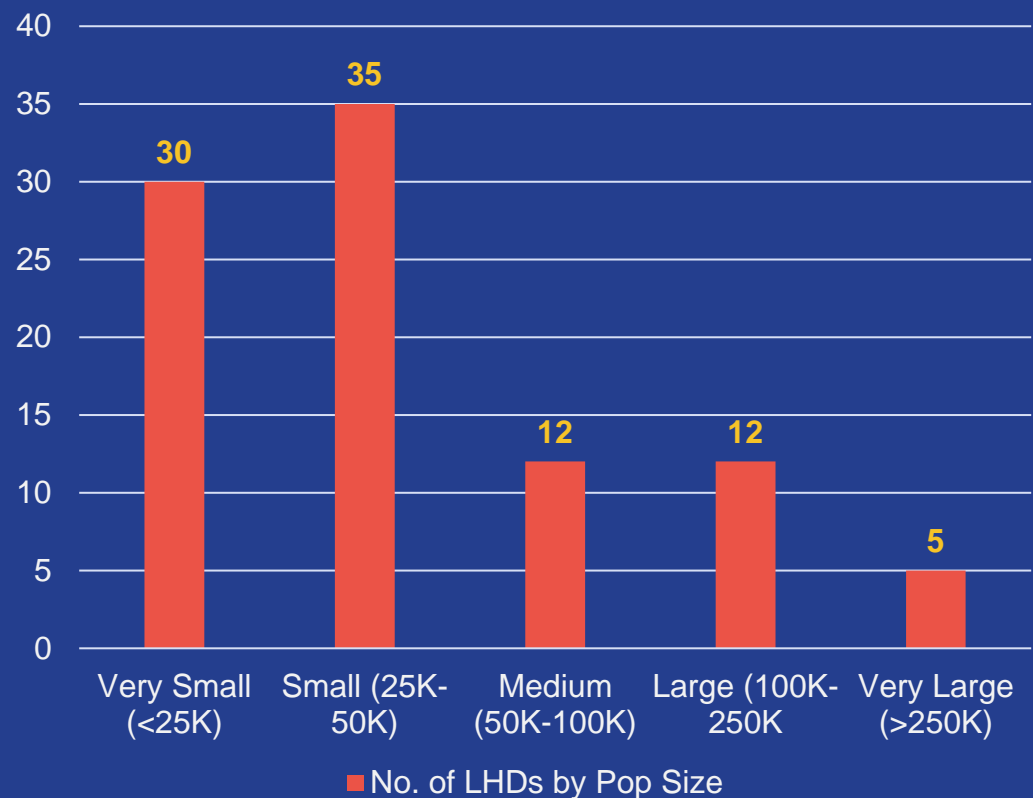
Health care access	#23
Health care quality	#27
Air quality	#38
Public health	#40
Pollution	#48



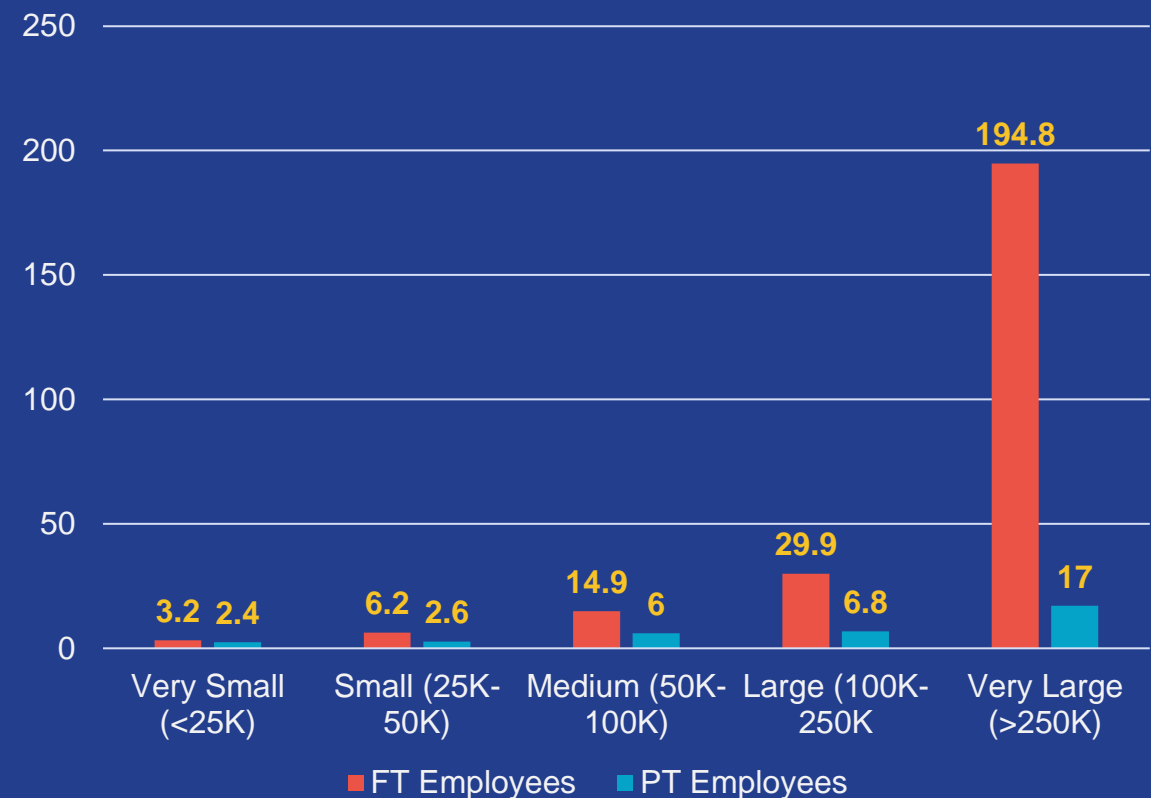
Indiana Public Health System Review

LHD Disparities

No. of LHDs by Population Size



Avg. No. of Employees by LHD Size



Local Functions

Every local health department, regardless of size, must perform dozens of statutory and regulatory functions. Some key activities include:

- Immunizations
- Vital Records
- Case management (TB, lead, STIs, etc.)
- Public Health Emergency Preparedness
- Communicable disease reporting, investigation, and monitoring outbreaks
- Septic permitting, pool monitoring, and other respond to environmental concerns
- Inspect and license restaurants, lodging, festivals/gatherings, and other facilities
- Administration (Board, local health officer, and public health administrator)

Governor's Public Health Commission

Executive Order 21-21 established a 15-member commission to study public health, hear testimony, and make recommendations. Dr. Judy Monroe and Sen. Luke Kenley are Co-Chairs, and Congresswoman Susan Brooks serves as Citizen Advisor.

- Our mandate is to generate a report by late next summer that:
 1. Analyzes Indiana's current public health system, including strengths and weaknesses;
 2. Makes recommendations to improve the delivery of public health services, address funding challenges, promote health equity, and ensure the sustainability of our local health departments;
 3. Analyzes the performance of state and LHDs during the 2019 Coronavirus Pandemic and make recommendations to ensure Indiana is well positioned for future emergencies; and
 4. Proposes draft bill language for future legislation to address these recommendations for 2023 session.

Workstreams

Emergency preparedness

Governance, structure, and services

Funding and financing

Data and information integration

Healthcare and public health workforce

Childhood and adolescent health integration

Project Timeline / Communication Plan

Monthly meetings open to public Sep. 2021 – Jul. 2022 in Indianapolis

Final report by Jul. 2022 followed by coalition building for 2023 legislative session

Pre-meeting media advisories and post meeting press release

Public comment can be provided online at www.in.gov/gphc

Listening sessions scheduled in 2022 across the state

Stakeholder meetings

Social media



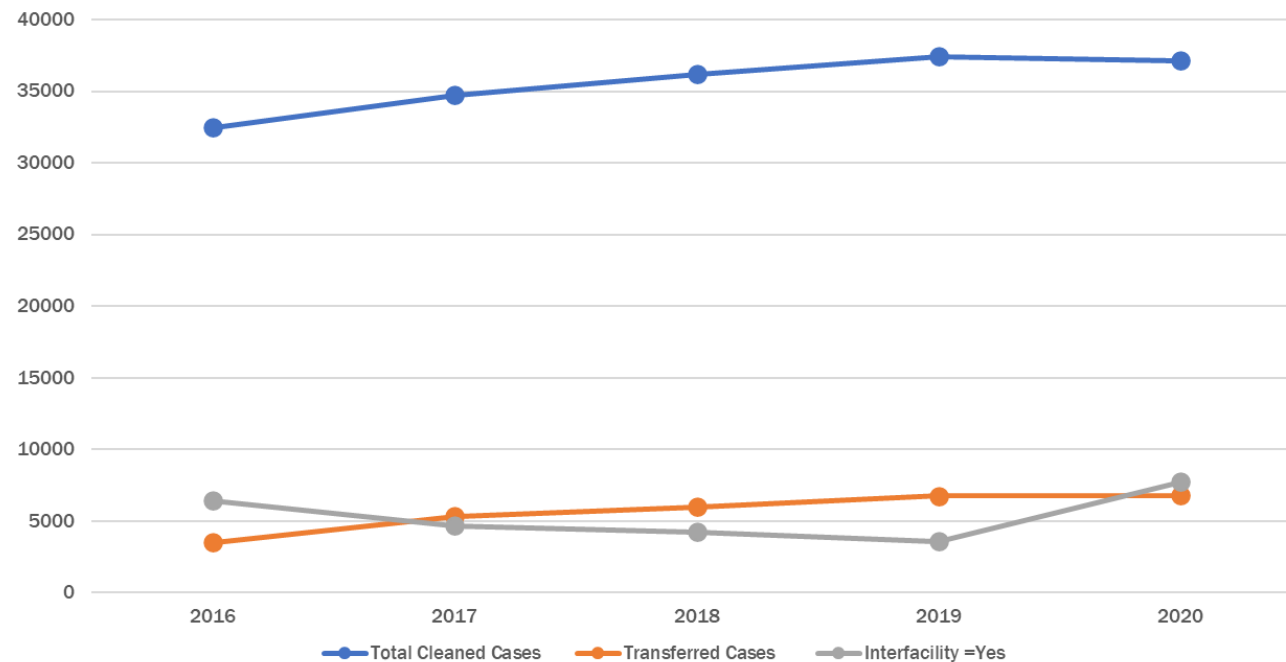
DHS/EMS UPDATE

Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director, IDHS
Mkaufmann@dhs.in.gov
317-514-6985

Trauma Registry

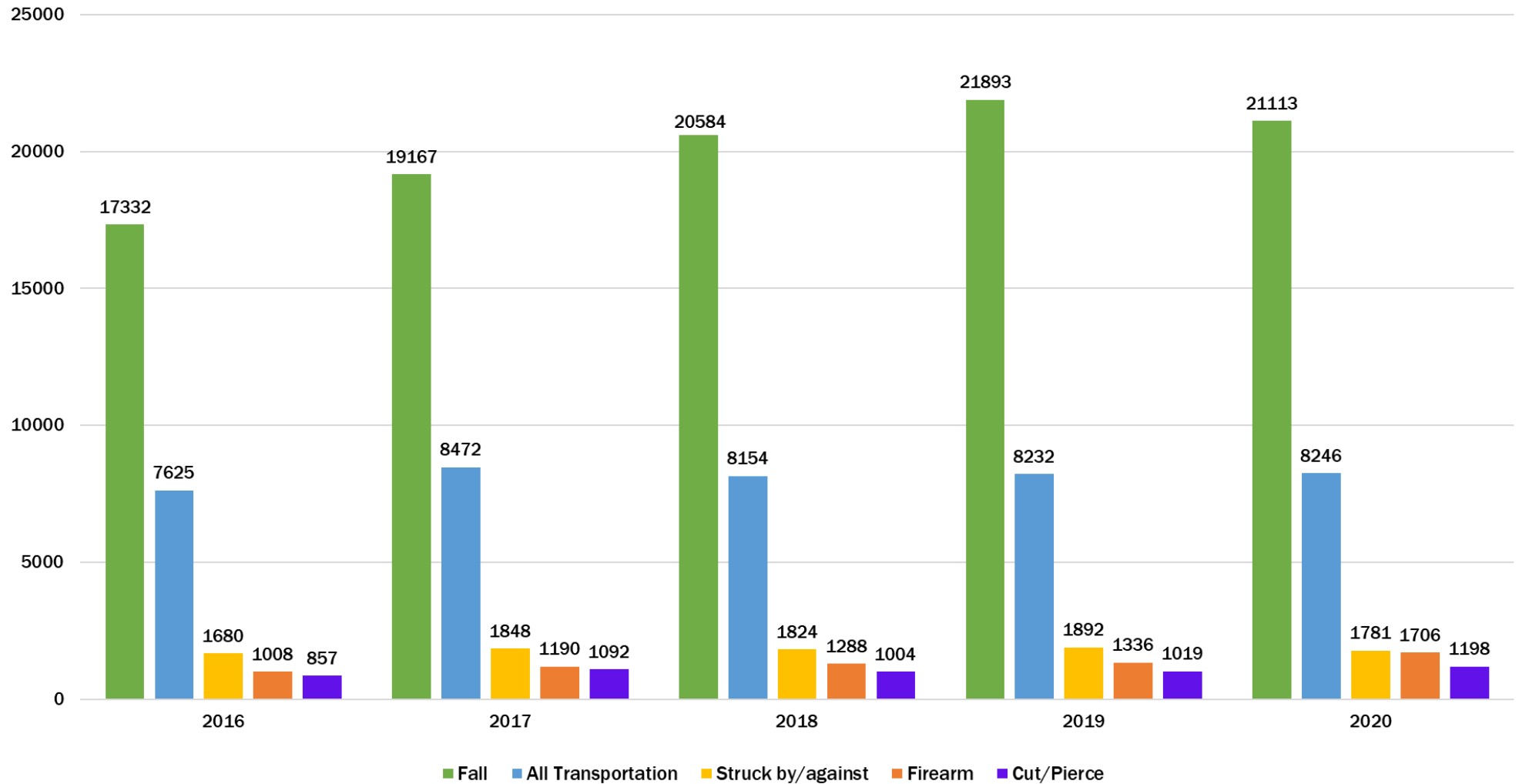
Trinh Dinh, *Trauma System Epidemiologist*

Total trauma patients submitted to the registry over 5 years

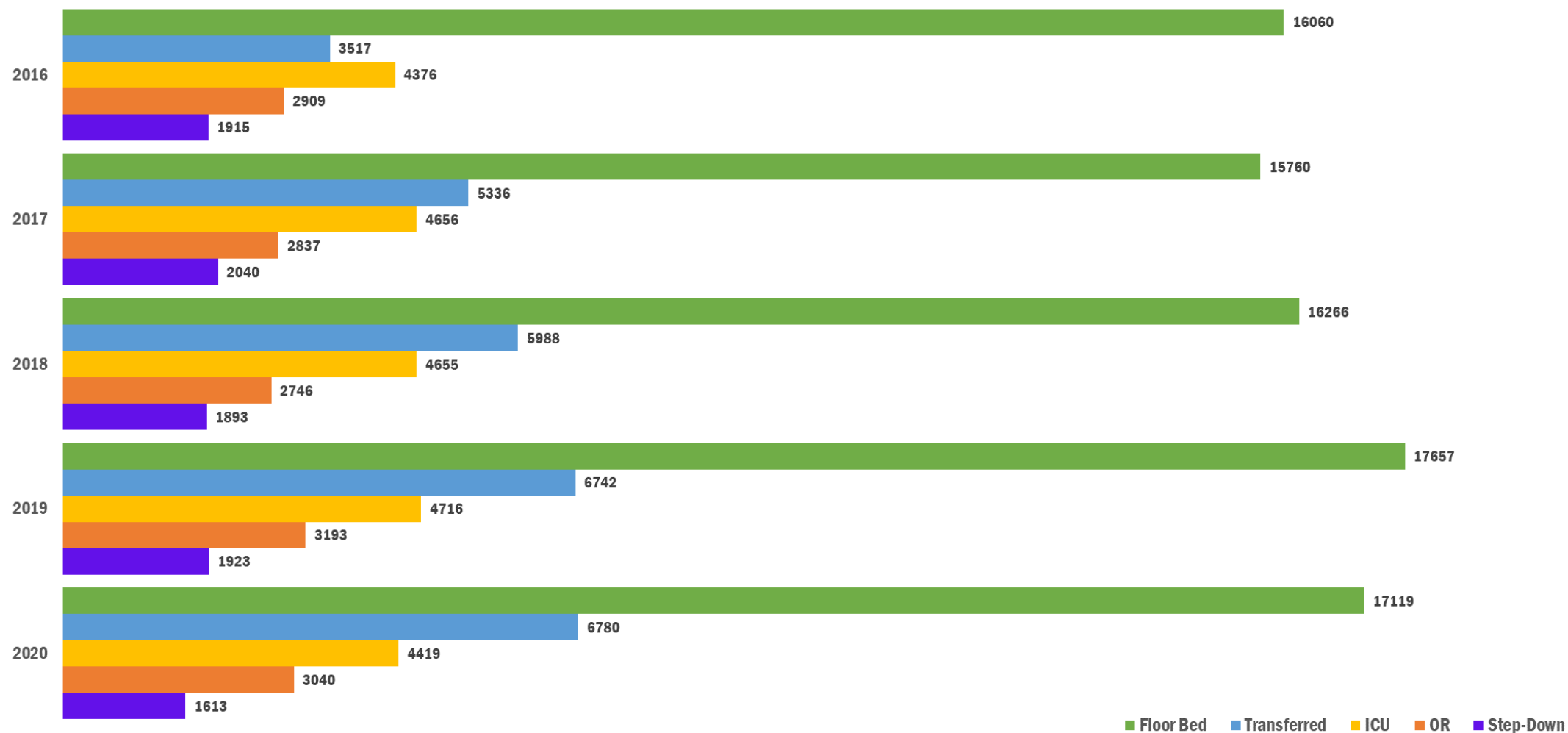


Year	Total Cases	Transferred Cases	Interfacility =Yes	ED LOS >11 hrs
2016	32464	3517	6445	340
2017	34744	5336	4661	967
2018	36195	5988	4251	1259
2019	37444	6742	3578	2445
2020	37124	6780	7733	1747

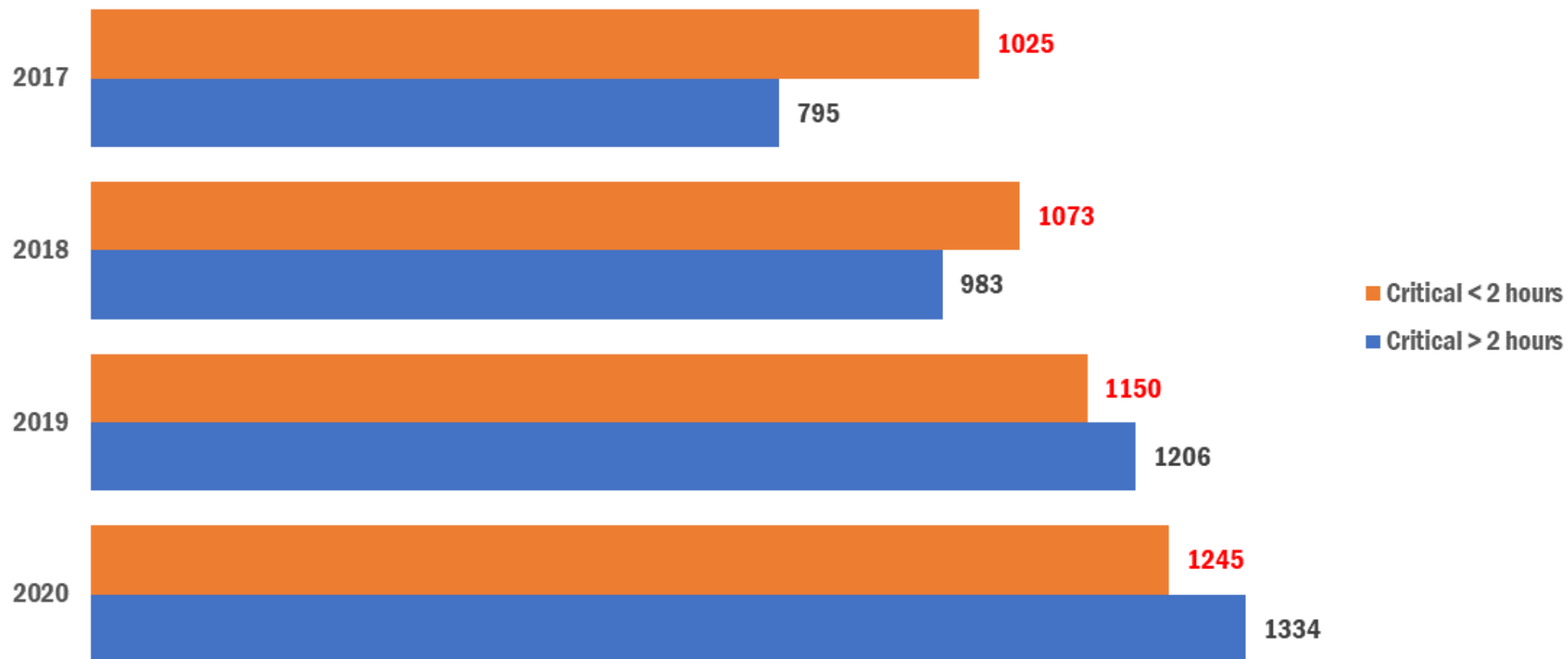
Over the past 5 years, **falls** continue to be the most common cause of injury seen in the ED




Over a 5 year period, the majority of patients in the ED go to floor bed or transferred to a higher level of care




Critical Patients time to Transfer



Indiana Trauma Center Access: Areas Within a 45-Minute Drive

 45-Minute Accessible
Trauma Center *

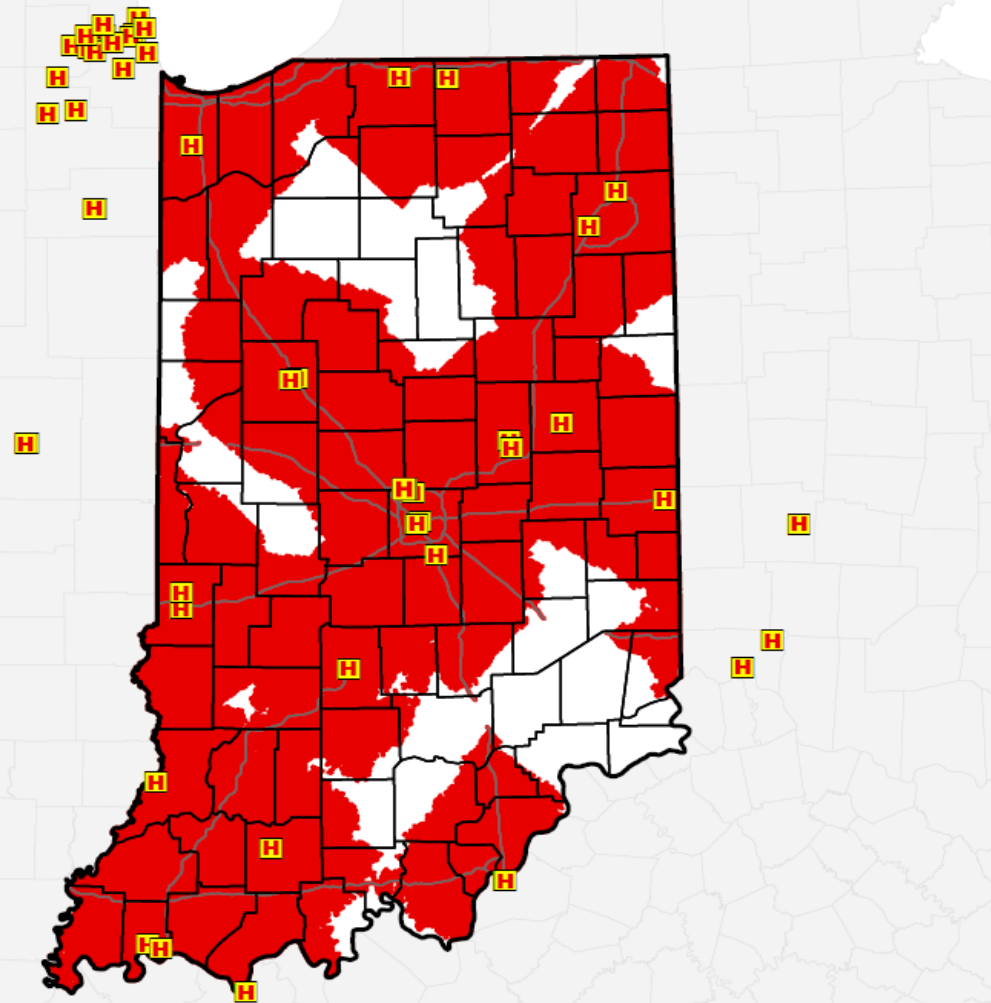
45-Minute Accessible Areas

 Average Travel Time
based on posted and historical speeds

	45-Minute Coverage (at average speed)		State Total
	n	% of state	n
Land Area	26,648 sq mi	74%	35,826 sq mi
Population	5,937,078 people	92%	6,483,802 people
Interstates	1,219 miles	96%	1,266 miles

* Considered a trauma center for purposes of the triage and transport rule.

Travel times are calculated with 2016 street network reference data published by Esri. Travel times do not take into account current traffic volume or restrictions. Population and land area are calculated from the 2010 U.S. Census block summary geography. Interstate mileage is calculated using a single direction of a divided highway (source: INDOT). All statistics should be considered an estimate.



0 40
Miles

Map Author: ISDH ERC PHG and ISDH Trauma & Injury Prevention - November, 2021



Indiana
Department
of
Health

Trauma Centers *in Indiana*

I LEVEL I

Indianapolis

Eskenazi Health
IU Health Methodist Hospital
Riley Hospital for Children at IU Health
Ascension St. Vincent Hospital

II LEVEL II

Evansville

Deaconess Hospital
Ascension St. Vincent - Evansville

Ft. Wayne

Lutheran Hospital of Indiana
Parkview Regional Medical Center

South Bend

Memorial Hospital of South Bend

III LEVEL III

Anderson

Ascension St. Vincent Regional Hospital
Community Hospital - Anderson

Bloomington

IU Health Bloomington

Crown Point

Franciscan Health - Crown Point

Elkhart

Elkhart General Hospital

Jasper

Memorial Hospital and Health Care Center

Lafayette

Franciscan Health - Lafayette East
IU Health - Arnett Hospital

Muncie

IU Health - Ball Memorial Hospital

Richmond

Reid Health

Terre Haute

Terre Haute Regional
Union Hospital - Terre Haute

Vincennes

Good Samaritan Hospital

I PROVISIONAL

Indianapolis

Peyton Manning Children's Hospital -
Ascension St. Vincent

III PROVISIONAL

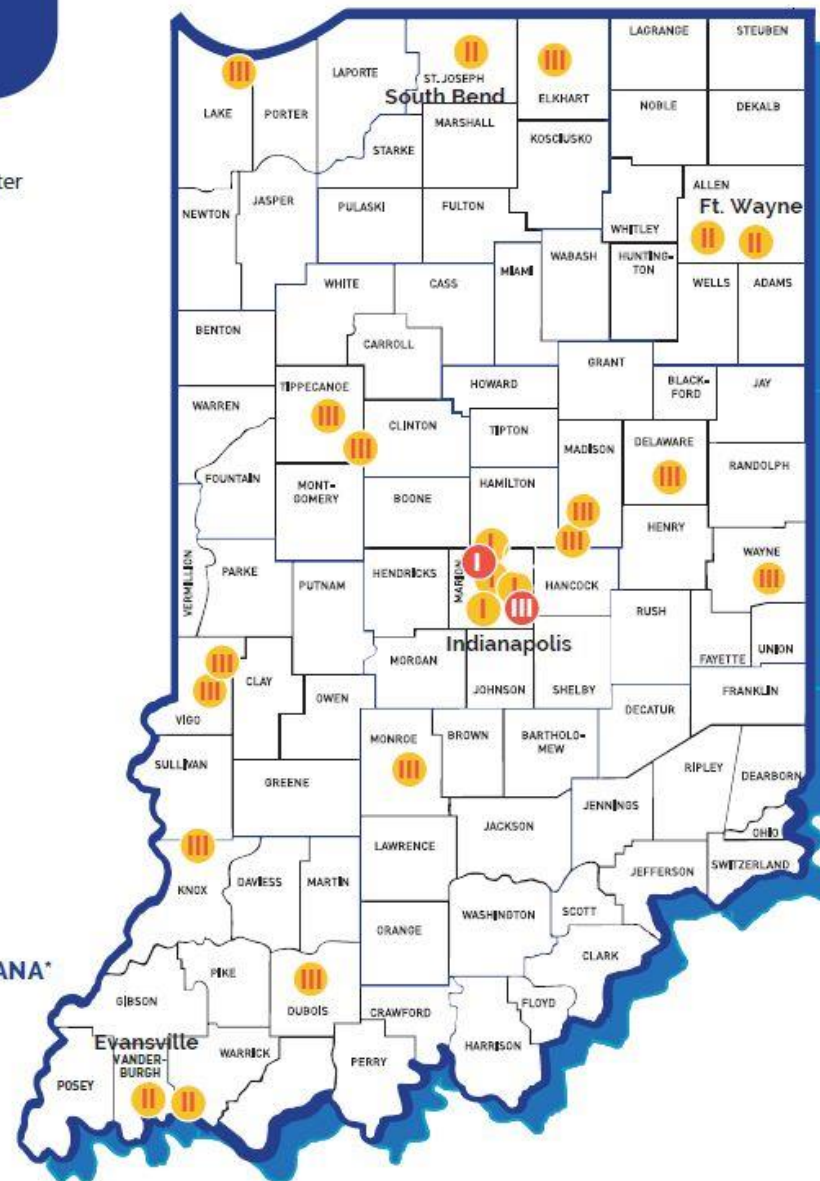
Indianapolis

Franciscan Health - Indianapolis

TOTAL TRAUMA CENTERS IN INDIANA*

- I Level I = 4
- II Level II = 5
- III Level III = 13
- I Provisional = 1
- III Provisional = 1
- Total = 25

* Total includes current and In Process Trauma Centers



Division of
**Trauma &
Injury Prevention**

New Business and Data Transformation Strategy

Dr. Lindsay Weaver, Chief Medical Officer